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FAX TRANSMISSION**DATE:** March 26, 2010**PTO IDENTIFIER:** Application Number 10/539,212-Conf. #2349

Patent Number

Inventor: Olga N. Kovbasnjuk et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Jonathan M. Sparks, Ph.D.

PHONE: (617) 517-5543**Attorney Dkt. #:** 60384(71699)**PAGES (Including Cover Sheet):** 13**CONTENTS:**

Certificate of Transmission (1 page)
Fee Transmittal (1 page)
Amendment Transmittal (1 page)
Request for Continued Examination Transmittal (1 page)
Amendment and Reply (8 pages)
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PTO/SB/97 (09-04)

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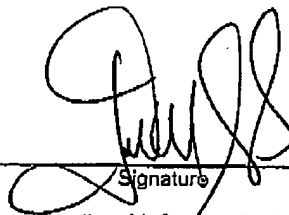
Application No. (if known): 10/539,212

Attorney Docket No.: 60384(71699)

Certificate of Transmission under 37 CFR 1.8

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Signature
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PTO/SB/17 (10-08)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2009☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
405.00**Complete if Known**

Application Number	10/539,212-Conf. #2349
Filing Date	June 17, 2005
First Named Inventor	Oiga N. Kovbasnjuk
Examiner Name	S. J. Huff
Art Unit	1643
Attorney Docket No.	60384(71699)

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments
FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissuc	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
17	- 20 or HP	x		Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
2	- 3 or HP	x	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round up to a whole number) x		

4. OTHER FEE(S)

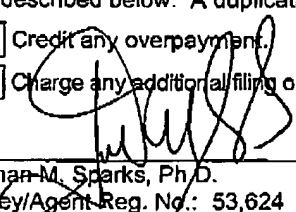
Non-English Specification: \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 280 Request for continued examination (RCE) (see 37 ... 405.00

SUBMITTED BY			
Signature	Registration No. (Attorney/Agent)	53,624	Telephone (617) 517-5543
Name (Print/Type)	Jonathan M. Sparks, Ph.D.		Date March 26, 2010

BOS2 786775.1

MAR 26 2010

AMENDMENT TRANSMITTAL LETTER				Docket No. 60384(71699)	
Application No. 10/539,212-Conf. #2349		Filing Date June 17, 2005		Examiner S. J. Huff	
				Art Unit 1643	
Applicant(s): Olga N. Kovbasnjuk et al.					
Invention: TREATMENT OF METASTATIC COLON CANCER WITH B-SUBUNIT OF SHIGA TOXIN					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	- 20 =	0	x 26.00	0.00
Independent Claims	2	- 3 =	0	x 110.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Jonathan M. Sparks, Ph.D. Attorney/Agent Reg. No.: 53,624				Dated: <u>March 26, 2010</u>	
EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5543					

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